

**PUBLIC MEETING OF THE
BOARD OF GOVERNORS**

Tuesday 22 February 2011

**2pm at The Parish Halls, De La Warr Road
East Grinstead, West Sussex RH19 3BP**

Public meeting of the Board of Governors

Tuesday 22 February, 14.00, Parish Halls, De La Warr Road, East Grinstead

Tea, coffee and biscuits and an opportunity to meet members of the Board of Governors from 13.30
Please note new venue for this meeting. Nearest pay and display car park is Chequer Mead

AGENDA: PART 1 (PUBLIC MEETING)			
No.	Agenda item	Time	Papers
STANDING ITEMS			
01-11	Welcome, apologies and declarations of interest Peter Griffiths, Chairman	14.00	-
02-11	Draft minutes of the meeting held on 12 October 2010 (for approval) Peter Griffiths, Chairman	14.05	Enc.
03-11	Matters arising and actions pending from the previous meeting Peter Griffiths, Chairman		-
PRESENTATION			
04-11	National Cancer Survey, National Inpatient Survey and internal patient experience questionnaires Amanda Parker, Director of Nursing and Quality	14.10	-
REPORTS FROM THE BOARD OF DIRECTORS			
05-11	Report from the Chief Executive (update) Adrian Bull, Chief Executive	14.40	Enc.
06-11	Infection prevention and control (update) Amanda Parker, Director of Nursing & Quality	15.00	Enc.
07-11	Patient experience reports (Q2 and Q3 2010/11) Amanda Parker, Director of Nursing & Quality Kathleen Dalby, Head of Corporate Affairs	15.10	Enc.
08-11	Site re-development (update) Heather Bunce, Programme Director	15.20	Verbal
REPORTS FROM THE SENIOR SUB-COMMITTEES OF THE BOARD OF GOVERNORS			
09-11	Report from the Vice Chairman (update) Bernard Atkinson, Vice Chairman and Chairman, Governor Steering Group	15.35	Enc.
10-11	Report from the Governor Representative (update) Ian Stewart, Public Governor and Governor Representative	15.45	Enc.
11-11	Report from the Appointments Committee (update) Caroline Hitchcock, Public Governor and Chair, Appointments Committee	15.55	To be tabled
GOVERNANCE			

12-11	Public and staff governor elections (update) Kathleen Dalby, Head of Corporate Affairs and Company Secretary	16.05	Enc.
13-11	Foundation trust membership (update) Kathleen Dalby, Head of Corporate Affairs and Company Secretary	16.15	Enc.
ANY OTHER BUSINESS			
14-11	By application to the Chairman Peter Griffiths, Chairman	16.20	-
QUESTIONS FROM THE PUBLIC			
15-11	To receive any questions or comments from members of the public Peter Griffiths, Chairman	16.25	-
16-11	To consider a motion to exclude members of the public, non executive directors and executive directors in order to discuss confidential business Peter Griffiths, Chairman	16.35	-
DATE OF THE NEXT MEETINGS			
Public meetings of the Board of Governors: Wednesday 12 April 2011, 18.00, Meridian Hall, East Court Tuesday 19 July 2011, 14.00, Meridian Hall, East Court Tuesday 18 October 2011, 18.00, Meridian Hall, East Court Tuesday 17 January 2012, 14.00, Meridian Hall, East Court			
Annual General Meeting: Thursday 28 July, 18:00, Venue to be confirmed			

Members of the Board of Governors	
Bernard Atkinson	Public Governor
Len Barlow	Public Governor
Stuart Barnett	Public Governor
Gill Baxter	Public Governor
Edward Belsey	Public Governor
John Bowers	Public Governor
Pat Brigden	Public Governor
Mabel Cunningham	Staff Governor
Peter Evans	Stakeholder Governor
Adrian Fuchs	Public Governor
Brian Goode	Public Governor
Peter Harper	Public Governor
Bill Hatton	Public Governor

Caroline Hitchcock	Public Governor
Sue Hull	Public Governor
Valerie King	Public Governor
Carol Lehan	Staff Governor
Moira McMillan	Public Governor
Shirley Mitchell	Public Governor
Christian Petersen	Staff Governor
Andrew Robertson	Stakeholder Governor
Chris Rolley	Stakeholder Governor
Manya Sheldon	Public Governor
Ian Stewart	Public Governor
Alan Thomas	Public Governor
Paul Trevethick	Stakeholder Governor
Invited attendees	
Adrian Bull	Chief Executive
Jeremy Beech	Non Executive Director
Heather Bunce	Programme Director
Claire Charman	Engagement Coordinator (Secretariat)
Kathleen Dalby	Head of Corporate Affairs and Company Secretary
Pauline Farrell	Head of Human Resources
Richard Hathaway	Director of Finance and Commerce
Ken Lavery	Medical Director
Renny Leach	Non Executive Director
Amanda Parker	Director of Nursing and Quality
Hugh Ure	Non Executive Director
Shena Winning	Non Executive Director

Document:	Minutes	
Meeting:	Public meeting of the Board of Governors 12 October 2010, 18:00 – 20:30, Meridian Hall, East Court, East Grinstead	
Present:	Peter Griffiths	Chairman
	Bernard Atkinson	Vice Chairman/Governor Representative
Stakeholder Governors	Andrew Robertson	League of Friends
	Chris Rolley	East Grinstead Town Council
Staff Governors:	Carol Lehan	Christian Petersen
Public Governors:	Len Barlow	Caroline Hitchcock
	Stuart Barnett	Valerie King
	Edward Belsey	Shirley Mitchell
	John Bowers	Moira McMillan
	Peter Dingemans	Manya Sheldon
	Adrian Fuchs	Ian Stewart
	Brian Goode	Alan Thomas
In attendance:	Jeremy Beech	Non Executive Director
	Adrian Bull	Chief Executive
	Heather Bunce	Programme Director
	Claire Charman	Engagement Coordinator / secretariat
	Kathleen Dalby	Company Secretary and Head of Corporate Affairs
	Richard Hathaway	Director of Finance and Commerce
	Renny Leach	Non Executive Director
Members of public:	11	

Not present	Gill Baxter	Public Governor
	Gill Brack	Public Governor
	Pat Brigden	Public Governor
	Mabel Cunningham	Staff Governor
	Peter Evans	Stakeholder Governor – Local Authority
	Pauline Farrell	Head of Human Resources
	Peter Harper	Public Governor
	Bill Hatton	Public Governor
	Sue Hull	Public Governor
	Paul Trevethick	Stakeholder Governor – NHS West Sussex
	Ken Lavery	Medical Director
	Amanda Parker	Director of Nursing and Quality
	Mary Sherry	Director of Performance and Transformation
	Hugh Ure	Deputy Chairman, Senior Independent Director
	Shena Winning	Non Executive Director

STANDING ITEMS	
48/10	WELCOME, APOLOGIES AND DECLARATIONS OF INTEREST

	<p>The Chairman welcomed everyone to the meeting, particularly the eleven members of the public, some of which had expressed an interest in standing for election as a public governor in 2011. Apologies were received from Gill Baxter, Pat Brigden, Peter Harper, Bill Hatton, Sue Hull, Paul Trevethick, Pauline Farrell, Ken Lavery, Amanda Parker, Mary Sherry, Hugh Ure and Shena Winning. There were no declarations of interest.</p>
49/10	<p>MINUTES OF MEETING HELD ON 20 JULY 2010 The Board of Governors APPROVED the draft minutes of the meeting held on 20 July 2010 as a correct record.</p>
50-10	<p>MATTERS ARISING FROM THE DRAFT MINUTES</p> <p><u>Consent policy</u> Adrian Bull reported that the work to amend the consent policy, in order to ensure that patients are fully prepared before they arrive at the ward or admissions lounge, is on going. Ken Lavery, Medical Director, and Lawrence Newman, Consultant Maxillofacial Surgeon, have informed the Clinical Cabinet and are leading on the policy changes.</p> <p><u>Copying letters to patients</u> Ken Lavery, Medical Director, has taken this forward and, after some debate, the Trust has adopted a policy to send copies of letters to all patients except in circumstances where it would not be in the best interests of the patients, e.g. where a patient has been referred for a suspicious lesion but had not yet been told it may be cancerous.</p> <p><u>Car parking</u> The parking policy has been reviewed and a program to re-issue permits to staff and volunteers is well underway. The development work on the car park has been delayed but will be completed in the current financial year.</p> <p><u>2010 public elections</u> The Chairman announced that, due to other commitments, Arthur Crow and Princess Goodwin have asked to stand down from the Board of Governors.</p> <p><u>Restructure of charitable funds</u> Kathleen Dalby reported on the actions taken so far to simplify the structure of the trust's Charitable Funds by 1 April 2011. Work is underway to clarify and protect the legal status of unspent legacies and other "restricted" funds and to re-allocate the remaining funds the end of the year. Edward Belsey asked whether the monies could be combined and used for a greater purpose, such as the refurbishment of an operating theatre. Renny Leach explained that there are currently 47 restricted funds but the general fund is quite small and funds are not being used effectively. When the final restructure is achieved we will be in a better position to fundraise towards a common goal.</p>
REPORTS FROM THE BOARD OF DIRECTORS	
51-10	<p>QVH LONG-TERM STRATEGIC OPTIONS Adrian Bull explained the challenges to the infra-structure and estate which has brought about the necessity for the Board of Directors to consider options for the future of QVH. The current options, which have been fully discussed with staff and the Board of Governors, are:</p> <ul style="list-style-type: none"> • A merger/partnership with another organisation i.e. Brighton and Sussex University Hospitals Trust (BSUH) or Guys and St Thomas' NHS Foundation Trust (GSTT) • Commitment to stand alone. <p>The BSUH option gave two proposals, one to make an early commitment to merge and then a joint application for Foundation Trust (FT) status and the other to continue to link and merge in the future. BSUH have decided to proceed with their FT application which</p>

	<p>leaves only the option to consider a merger in the longer-term and discussions continue. Moira McMillan asked whether QVH's operational partnership with BSUH would be a condition of any future merger. Adrian Bull explained that the two trusts already work in alliance as BSUH provides paediatric support and QVH consultants attend clinics at Brighton and vice versa. However, if there was a commitment to merge in the longer-term we could establish stronger links in the medium-term. The critical discussions for the Board of Directors are:</p> <ul style="list-style-type: none"> • What to do with the QVH estate and • How do finance it. <p>These discussions will be brought to a close at the October Board of Directors meeting (to be held 2 November).</p> <p>Edward Belsey asked whether the commitment from the South East Coast Strategic Health Authority (SHA) to fund £15m towards the redevelopment of the QVH site was still available now that the BSUH short-term option is no longer an option. Adrian Bull clarified that the £15m was predicated on the decision to merge and will no longer be available. However, he pointed out that the offer would have been subject to the Public Spending Review and, therefore, not guaranteed. The Chairman advised that a letter had been received from the SHA confirming that this option was no longer available.</p> <p>Brian Goode asked whether there were any other options to be considered now that the short-term BSUH option is not available. Adrian Bull explained that the trust had already looked at several other options and had decided BSUH and GSTT to be the only real options for consideration for merger.</p>
52-10	<p>REPORT FROM THE CHIEF EXECUTIVE Adrian Bull highlighted the following from his report:</p> <p><u>Strategic issues</u> The orthodontics service has introduced a turnaround plan which has been extremely successful and they are now one of the biggest net contributors. The contract to manage Jubilee Ward has gone out to tender.</p> <p><u>Nursing and Quality</u> The figures in the report are incorrect: there have been no cases of MRSA but there had been four cases of <i>C.diff</i> at the time of writing the DIPC report and has since been a further case, taking the total to 5. These cases have been closely investigated and are not found to be linked. 2 cases relate to one patient. Adrian Bull noted that this infection is a problem for all trusts in the county.</p> <p>The recent safety project, lead by Boston Consulting Group (BCG), has clarified some key areas for the trust to focus on including leadership, communication and learning.</p> <p>The trust continues to meet national targets – while the Government made a commitment to put less emphasis on targets, the Department of Health (DH) still expecting reports on performance against targets. With the extra case of <i>C.diff</i> QVH has now failed to meet its infection control target as our accepted limit is four cases. Adrian Bull noted that the use of the quality ratings i.e. fair, poor or excellent will not be used this year.</p> <p><u>Finance</u></p>

	<p>Financial performance to date is good and the trust is ahead of plan, though many aspects of the cost improvement programme will take effect in quarters three and four. However, a delay in contracting out community service could put the plan at risk. Overall we are in a good position but with significant challenges. Cash is lower than anticipated and there is reconciliation to be done. This causes pressure on cash flow to suppliers but priority is given to smaller and local business and is judiciously monitored.</p> <p>The trust has launched a leadership programme for its senior managers to ensure that middle grade nursing and admin staff at bands 6 and 7 understand their leadership responsibilities and what is expected of them.</p> <p><u>HR</u> The trust has changed payroll provider to North Tyne NHS Trust and we are very happy with the service so far.</p> <p><u>Streamlining</u> The target to release 40 posts - or up to £2m savings - is almost complete and has resulted in a saving of £1.4m this year with only a very small number of voluntary redundancies and even fewer compulsory redundancies (less than 10 overall). This has been achieved through careful management of vacancies and the re-alignment of the management structure. The clinical director post for corneoplastics has been removed and the department will become part of an expanded clinical directorate for head, neck and eye services. The corneoplastics department will continue to have its own budgetary responsibility. Mr Sheraz Daya, who had held the role of Clinical Director for the service, has decided to take a one year unpaid sabbatical. The trust looks forward to welcoming him back in a year or sooner should he wish. In the meantime the trust is seeking a locum to re-place him.</p> <p>Peter Griffiths emphasised the two key financial issues for the trust. The first being the strain that Jubilee places on the organisation at a cost of £800k per year and the second that, while the Government may have ring-fenced the NHS when asking the public sector to make significant savings, the NHS will still have to meet cost savings of 20% over five years. The long-term problem is still very significant.</p> <p>Alan Thomas asked about the tendering for Jubilee. Adrian Bull explained that the tender is for an organisation to provide a package of care for local people, to include: providing nursing staff for ten in-patient beds, including physiotherapy, occupational therapy and rehabilitation services for in-patients and the community. This equates to 2-3% of QVH's total workload but requires nursing staff with a different skill-set to that of the rest of the hospital. This can cause problems when there is staff sickness as there is no cross-cover available.</p> <p>The Board of Governors NOTED: the contents of the report.</p>
53-10	<p>INFECTION PREVENTION AND CONTROL On behalf of Amanda Parker, Adrian Bull noted the significant improvement in hand hygiene across the organisation. There were no other comments and the Board of Governors NOTED the contents of the report.</p>
54-10	<p>PATIENT EXPERIENCE (QTR 1 2010/11) Kathleen Dalby presented the report which had been tabled at the meeting. The</p>

	<p>Corporate Affairs team (Kathleen Dalby, Claire Charman and Nicolle Tadman) have worked together to improve the collation of patient experience data. The report has been trialled with the Clinical Cabinet and the Board of Directors over a number of months their and feedback has prompted some improvements to the report Kathleen proposed to the Board of Governors that they should receive the report on a quarterly basis.</p> <p>The Board of Governors NOTED the contents of the report and AGREED the proposal to receive quarterly patient experience reports.</p>
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REPORTS FROM THE SENIOR SUB-COMMITTEES OF THE BOARD OF GOVERNORS

55-10	<p>REPORT FROM THE VICE-CHAIRMAN, INCORPORATING A REPORT FROM THE GOVERNORS STEERING GROUP</p> <p>Bernard Atkinson presented the report and highlighted the following topics:</p> <ul style="list-style-type: none"> • The evolution of the Board of Governors since QVH was authorised as a Foundation Trust, including the contribution made by Governors to the constitution, strategic development and special forum meetings. • Continuity of the Board of Governors into the future including: promoting the role of Governor to members and encouraging people to put themselves forward. <p>The Board of Governors NOTED the contents of the report.</p>
56-10	<p>REPORT FROM THE GOVERNOR REPRESENTATIVE (update)</p> <p>Ian Stewart presented his report and noted the following:</p> <p><u>Board of Directors</u> The Board of Directors is much more efficient than in the past. The NHS is being driven to work harder and Ian feels that, with the recent restructure and close management of QVH finances, the Board of Directors is on track and ready for the future. He noted that whilst financially ahead of plan at the moment, this surplus could be eaten up at any moment.</p> <p><u>Patient Experience</u> Ian has organised two days of patient surveys in the outpatient departments so far and a schedule is in place to continue and to try to attend every clinic type. Ian thanked Governors who have helped so far and asked anyone else interested in helping to contact him directly.</p> <p>The Board of Governors NOTED the contents of the report.</p>
57-10	<p>REPORT FROM THE APPOINTMENTS COMMITTEE</p> <p>Caroline Hitchcock gave a verbal update from the recent Appointments Committee meeting where the committee discussed the following:</p> <ul style="list-style-type: none"> • Format and frequency of meetings: In order to maximise the time of the management team, the committee considered whether it was necessary to have staff colleagues present at the meetings. It was suggested that the committee hold forum meetings in addition to formal meetings where topics can be fully discussed and brought back to formal meeting for approval. The first item for discussion at a forum meeting will be succession planning. Any Governors who are considering joining the Appointments Committee would be welcome to attend a meeting to see if

	<p>it is something they would be interested in.</p> <ul style="list-style-type: none"> • Need for a robust framework in place to ensure Committees are functioning well and the members are happy with the Chairs and Vice Chairs. This discussion led to the recommendation for the constitution to be amended to reflect this. • Non Executive Director appraisals were discussed and Caroline Hitchcock will report back in more detail in part 2 of the meeting. <p>The Chairman thanked Caroline for her enthusiastic, comprehensive and considerate Chairmanship.</p> <p>The Board of Governors NOTED the contents of the report.</p>
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GOVERNANCE

58-10	<p>PUBLIC AND STAFF GOVERNOR ELECTIONS (UPDATE)</p> <p>Kathleen Dalby presented her report, focusing on item two, the elections for 2011. Six governors come to the end of their maximum term next year and must step down and another eight Governors will have to decide whether to stand again next year. Therefore, there is potential to lose a large proportion of the existing board at the same time. In order to prepare for this, Kathleen, Peter Griffiths and Bernard Atkinson will act as a steering group to coordinate plans. Plans already in progress include:</p> <ol style="list-style-type: none"> 1 A prominent article and supporting information for members in the next edition of QVH News, due out November; 2 Open events to offer interested parties an opportunity to find out more about QVH and governors and meet the hospital team and existing governors. 3 A 'buddy scheme' with existing governors to provide more information and support. <p>Nominations are scheduled to open in April 2011 ready for governors to be elected by 1 July 2011.</p> <p>Andrew Robertson suggested that existing governors could formally sponsor new nominations. Kathleen explained that the nomination process currently requires a nominee to be 'seconded' by two other members of the trust who need not be elected governors.</p> <p>The Board of Governors NOTED the contents of the report.</p>
59-10	<p>FOUNDATION TRUST MEMBERSHIP (UPDATE)</p> <p>Kathleen Dalby reported that QVH membership figures are broadly stable at 10,500 public members and 800 staff. She highlighted that the new database is very simple to use and can cut the data wherever required. She thanked Valerie King who had recently helped to complete the upload of data gathered in the recent revalidation exercise, giving us even more information about our members.</p> <p>In response to a question from Ian Stewart, Kathleen explained that the socio-economic categories used in the report are those which the FT regulator, Monitor, requires for formal reporting purposes. However, the membership database also provides us with 'ACORN' data as an alternative interpretation of socio-economic information.</p>

	The Board of Governors NOTED the contents of the report.
ANY OTHER BUSINESS	
60-10	No other business was raised with the Chairman.
QUESTIONS FROM THE PUBLIC	
61-10	<p><u>Sponsorship</u> A member of the public raised concerns about the comment made earlier in the meeting regarding 'sponsorship' of potential candidates for governor elections by existing governors. Having attended many different hospitals and gained a wide experience of the NHS both as a patient and carer, she feels that the trust should be open to people with different backgrounds and interests rather than focusing on like-minded people with perhaps a more limited understanding of the NHS. This was clarified by another member of the public, who is aware that other professional bodies use a sponsorship scheme but feels doing this potentially leads to a 'closed shop'. Six members of the public shared the same concerns.</p> <p><u>Jubilee</u> A member of the public asked for clarification of the purpose of Jubilee Ward. Adrian Bull responded by explaining that Jubilee is a two wing 28 bedded ward with a central nurses station. It has a mix of patients usually from the local community. Patients are either admitted by their local GP when they need a period of recuperation and rehabilitation but they may also be referred by local District General Hospitals for post-acute care and, in some cases, end of life care. These patients are looked after by QVH physician Dr Martin. The financial viability of the ward relates to the system of payments by tariff by the Primary Care Trust. The system is currently an initial fee followed by a daily rate. The ward is resource intensive and, in short, the tariff does not cover the cost of running the ward. Over the last 15 years clinical practice has changed and patients are no longer admitted in the way they may have been in the past i.e. for convalescence. Over time, referrals to the ward have decreased and an average of 15 beds are in use being used and up to a maximum of 23. GPs also have budgetary responsibilities and less time to visit their patients on the ward and are therefore admitting fewer people to the ward.</p> <p>The Chairman thanked the members of the public for their interest and attendance.</p>
CLOSE	
62-10	<p>The Board of Governors considered a motion to exclude the public from the remainder of the meeting in order that it might discuss confidential matters. This was agreed and the members of the public were thanked for their attendance and asked to leave the meeting.</p> <p>The Chairman closed Part 1 of the meeting.</p>

Chairman:..... Date:.....

Report to:
 Meeting date:
 Agenda item reference no:
 Author:
 Date of report:

Board of Governors
 22 February 2011
 05 - 11
 Adrian Bull
 February 2011

REPORT FROM THE BOARD OF DIRECTORS

1. Quality, Safety Risk, DIPC

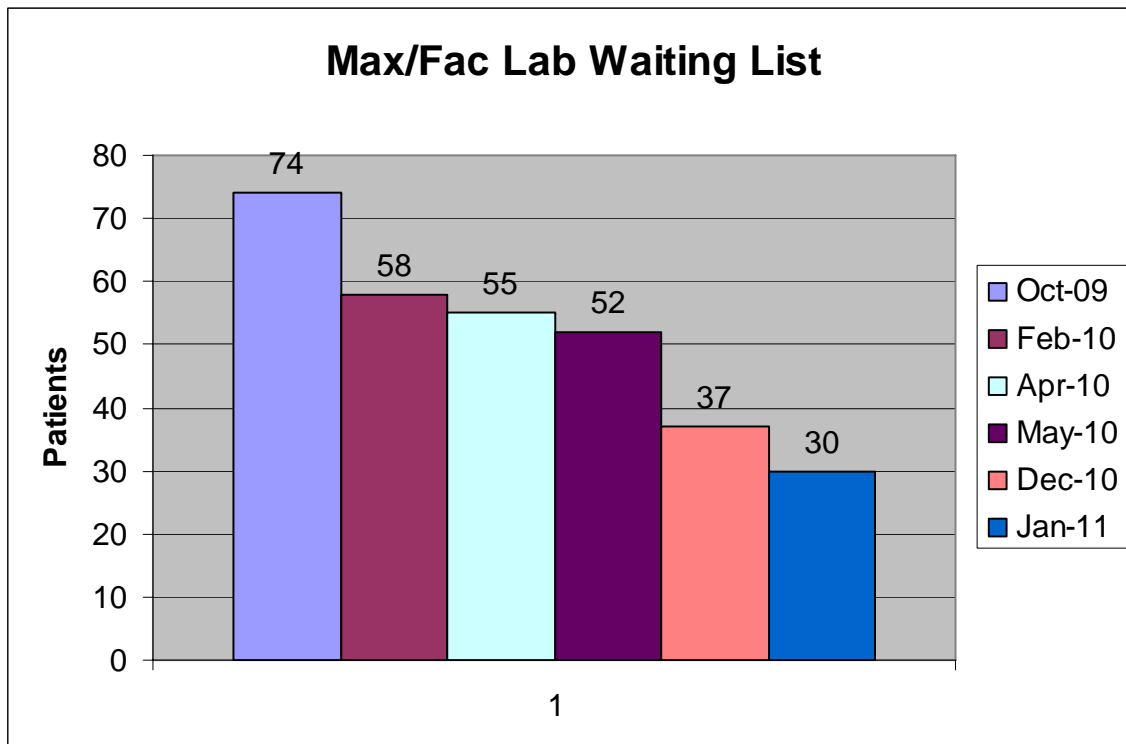
Infection Control

Quarter 3	New this quarter	Year to date (Target)
MRSA bacteraemia	2	2 (1)
<i>C.diff</i>	0	5 (4)

During quarter three there have been two patients identified as having MRSA bacteraemia and no cases of *clostridium difficile*. There was no causal link between the two MRSA bacteraemia cases and they have been reported as serious untoward incidents (SUI) to the PCT as required. In both cases immediate action was taken when required to protect both patients and staff.

- **Emergency Planning**
 During this quarter there has been a significant piece of work undertaken to ensure that the trust has business continuity arrangements to ensure we are in line with the BS 25999 standard. This is requirement from the 2010/11 operational framework. This work will now be audited by the trusts external auditors and remain as a piece of rolling work.
- **Risk Management**
 During quarter three there has been one declared SUI in addition to the MRSA bacteraemia incidents. This was an allegation that a member of staff showed psychological abuse towards an inpatient. A full investigation was completed by Trust and Social Services with the outcome and actions detailed in a full report that was submitted to the PCT and the Board of Directors.

2. Operational Developments
Maxillofacial Laboratory
Update on Waiting List Issues and Current Actions



Wait ranges	Oct-09	Feb-10	Mar-10	Apr-10	May-10	Dec-10	Jan-10
0-25 Wks	19	21	19	16	17	9	10
26-50 Wks	18	18	22	24	20	13	16
51-70 Wks	27	18	14	14	11	15	4
76+ Wks	10	1	2	1	4	0	0

Further Improvements have been made by reducing the longest wait time from referral to new device assignment from 90 weeks to 51 weeks this being the current longest wait. Whilst still unacceptable it is a considerable improvement.

In the meantime, there is increased demand for orthodontic prosthetics due to improved efficiency of the orthodontic service. There is also an increase in demand for intra-operative support due to increased major head and neck work.

Issues

Following recent review of waiting times a number of areas for improvement have been identified:

- Ensure patients are recorded on our central PAS system; the list is maintained on an Excel spreadsheet by Laboratory staff.

- Better planning of production output to match service demand.
- Saturday clinics have achieved objective so that all patients on revision list are up to date; convert this activity to achieve further reductions in new device waits.
- Introduce measures of productivity of the service
- Recruitment to vacancies – but this is a shortage discipline nationally.
- Conclusion of long term sickness for one staff member.
- Increase use of overtime
- Introduce tracking metrics for regular monitoring of the service.

Actions to date

- Increased laboratory space created
- Designated clinic area created
- Additional Staff employed:
 - 1x Dental Technician
 - 1x Laboratory Technician
 - 1x Trainee maxillofacial prosthetist

The effect of these posts has however been negated by the staffing issues mentioned above and will only provide a mark time position until recruitment and sickness issues are resolved.

Completed actions

- Clear identification and monitoring of patients on PAS to include a new patient list and waiting for treatment list only.
- New patient assessment clinics to be set up from December 2010 to ensure all new patients are seen within 2-4 weeks of referral and are placed on treatment list. Patients will be given the estimated production time required and options will be explained to them in order to inform their choice.
- Reduce current weekly Saturday Lists to one a month as no longer cost effective and revisions are up to date.
- Regular meetings to discuss actions and improvements
- Long term sickness issues resolved

Current actions in hand

- Work allocation lists and production times to be produced and monitored.
- Continue to attempt to recruit and investigate AfC terms and conditions for recruitment and retention premia and also consider foundation trust autonomy clauses.
- Continue to work with agencies to address long term shortages of MPT's.
- Meetings with senior MPT's to gain insight and cooperation.
- Produce tracking metrics.
- Investigate time and motion options.
- Coding meeting scheduled to discuss number of payment issues.
- Review of on call and staffing requirements

Trauma

The Trauma steering group is well established within the Trust and meets monthly. The final trauma co-ordinator posts were filled in December seeing the team at full complement from January. A mid pilot review of Trauma co-ordinator role is now well underway both with comments from staff and the continued development of a monthly dashboard, with 7 key metrics covering the designated trauma theatres. A full progress report is being compiled for presentation at the March Trust Board along with an action plan covering the recent NCEPOD audit for elderly undergoing surgery.

A Trust wide communication has been circulated highlighting the new trauma theatre listing process which has seen improvements to the average start time and utilisation of trauma lists. We are currently in the process of purchasing an electronic trauma board to aid the process further by displaying live data from theatres to the wards. If this proves successful it may eventually be extended to include elective lists..

A review of the processes for the management of outlier trauma patients from partner hospitals is now underway. Initial discussions have taken place and mainly centre on defining a set of criteria for the service that can be communicated both internally and externally. Alongside this a review of the current database will be undertaken to establish length of time from referral to surgery for the outlier patients.

Pre-Assessment and Admissions Booking

The pre-assessment and admissions booking redesign work has identified a number of areas for improvement including the following:

- Improved communication between pre-assessment and medical secretaries regarding getting patients seen appropriately prior to admission;
- Creating a 'pool' of patients who have been pre-assessed that can be used to fill last minute cancellations;
- Greater flexibility and planning to match staffing levels and walk in patients needing to be seen on the same day as clinic;
- Rationalise investigations protocols;
- SHO presence in clinic to complete treatment cards which has a significant impact on the day of admission;
- Significant numbers of patient have a telephone assessment but this activity is not recorded on PAS;
- Arrangements for off site patients who are due to have their surgery at QVH ;
- Reduce paperwork through reducing the number of handoffs between staff and departments.

Two rapid improvement events have now been held with all relevant staff. A new process has been agreed to implement during March for all patients based on ensuring they are fit for surgery before being given a date for their operation. A detailed action plan includes revising documentation, reviewing day surgery criteria, developing a pre-assessment operational policy, implementing guidance for pre-operative investigations, aligning capacity to demand from walk-in patients, reducing pre-operative length of stay and developing pre-assessment staff.

A steering group has been set up with the aim to meet every 2-3 weeks to deliver the programme in three distinct phases

1. Implementing the new process for patients who attend outpatients at QVH
2. Implement the new process to off-sites
3. Streamline the booking process between secretaries and admissions clerks within all specialities looking at improving overall Theatre scheduling on ORSOS.

Several key metrics for this work stream have been identified (see list below) and a dashboard similar to that produced for trauma is currently being developed.

- Number of patients assessed on same day as outpatients (aim 80%)

- Number of DSU patients telephoned for an assessment
- Reduction in the number of patients not assessed on day of surgery
- Reduction in blood tests ordered pre-operatively
- Number of patients assessed 7 days prior to surgery
- Reduction in number of patients cancelled on day of surgery which could be prevented by effective pre-assessment
- Reduction in last minute additions who have not been assessed prior to surgery
- Reduction in pre-operative LOS
- Reduction in overall LOS

3. Financial Performance

Operational Performance

The Trust Board receives a monthly report on performance against key targets. The key areas of concern are Clostridium Difficile and MRSA. The Trust has exceeded the target limits for numbers of cases of Clostridium Difficile and MRSA for the year 2010-11.

The current position for Clostridium Difficile is 5 cases (against a target of 4) and for MRSA is 2 cases (against a target of 1).

Exceeding the maximum allowable cases for Clostridium Difficile means that the Trust's Governance risk rating with Monitor will decline. It will be Amber/ Red at Q3.

All cases of these infections were isolated cases with significant individual risk factors due to major injury or burn, or due to transfer from another hospital. There was no cross infection within the hospital and no harm to the patients.

It is the Trust's expectation that the MRSA breaches will not count adversely in the Compliance Framework as the Trust's annual target was below the de minimis level of 6 however, this is being clarified.

On 18 Weeks the Trust continues to achieve the original compliance targets of 90% for admitted patients and 95% for non-admitted patients.

Year to date the Trust is compliant with the national cancer waiting times standards.

Activity continues to be slightly higher than plan in most areas but Plastics has seen a recent decrease in referrals of more complex skin cases from Kent PCTs. The Trust is investigating the reasons for this..

Commissioning Update

The combination of the reforms in NHS Commissioning and the national economic climate are creating a number of challenges both for the current financial year and for business planning.

There have been recent attempts by Commissioners to reduce activity in 2010/11 and to impose additional restrictive criteria on eligibility for treatment. These are subject to considerable debate in health economies across the South East. The trust is also noticing an increasing reluctance from Commissioners to pay for activity.

The reforms mean the emergence of new Commissioning structures with local GP Consortia taking a greater role in planning. However these consortia are not yet fully operational and there is a transitional structure emerging.

Financial Performance

A summary of the Trust's financial performance is set out in the table below:-

	Plan YTD	Actual YTD	Balance to Plan	Year End Plan	Year End Forecast
Turnover	£41.5m	£41.6m	£13.9m	£55.5m	£55.5m
EBITDA	£3.1m	£3.6m	£0.6m	£4.2m	£4.8m
Surplus / (Deficit)	£0.3m	£1.0m	(£0.7m)	£0.3m	£1.3m
Cash Balance	£4.7m	£4.8m	(£1.8m)	£3.0m	£6.1m
Financial Risk Rating	4	4	-	4	4
Private Patient Income (%)	0.8%	0.5%	0.3%	0.8%	0.5%

The Month 9 financial position shows a loss of £0.25m verses a breakeven plan. The Trust remains £0.7m ahead of plan at 31st December, driven mainly by underspends on pay, capital charges and transformation.

Pay costs underspent by £103k in month 9 this is primarily due to further reductions in staff as the final benefits of the restructure start to be realised.

All Service Line activity has under performed this month with a total impact of approximately £0.5m reduction to the income line. This is primarily due to adverse weather conditions with Theatre and outpatient cancellations in December. The Management team are looking to mitigate the income loss by performing some of this lost activity over the remaining months of the year.

The cash position has improved to slightly above plan but this includes the Burns Consortium capital injection of £2m yet to be spent. Commissioners continue to delay payment due to their own cash constraints. This is being escalated through the commissioning Board and credit control processes.

4. People Issues

All 3 days of the Trust's new leadership development programme have now been run and feedback is over –whelmingly positive. 84 staff have attended the course and another 74 are booked to attend over the next few months.

The first cut of data from the annual staff survey, run on the Trust's behalf by the Picker Institute, was made available to the Trust in December 10. Early indications are that we have done well once again compared to other NHS organisations, but our scores have dropped compared to scores in our own previous surveys. More detail will be available after the full CQC weighted report is published in March.

The Trust has appointed CiC to deliver a full Employee Assistance Programme, which provides confidential information, support and counselling service to our staff.. The service includes a 24/7 telephone advice service, and was launched on 6 December 10. CiC report that 10% of our staff accessed the service during the first four weeks of operation, which indicates that it has been well received.

The Head of HR is leading a piece of work on organisational culture and values. This included one to one meetings in January and Focus groups in February.

More information will be available in March when the project work has been completed.

The latest HR Strategy was presented to the Trust Board for approval in January 11.

5. Estates/Capital

Site Redevelopment: Theatre New Build

Following Board approval in November 2010 in respect of the building of six modular theatres with supporting infrastructure, the Programme Office has established a Project Team to deliver the next stage of the project to RIBA stage C. This is defined as follows:

- Implementation of Design Brief and preparation of additional data;
- Preparation of concept design, (including outline proposals for structural and building services systems), outline specification and preliminary cost plan;
- Review of procurement route

Theatres

Work is now underway on this project, with members of the Theatre User Group developing existing data to design six modular theatres with associated patient services such as Day Surgery facilities and admission areas. The patient pathways are being refined to ensure both clinical approval and operational efficiency, whilst maintaining surgical activity in two discrete locations.

Reprovision of services

- Health Records
It will be necessary to relocate Health Records; solutions are being developed to relocate this service to venue within the town.
- Outpatient Department 2
This service will be relocated within the QVH site. A review of demand and capacity requirements is currently underway. The preferred location at present is adjacent to the MaxFacs Outpatients Department.

Loan Application

The Foundation Trust Financing Facility have approved our application for a loan of £10.1m to fund the building of six new theatres at QVH. This is subject to finalisation of agreed business cases and is valid for six months.

Full Business Case

It is anticipated that the Full Business Case (FBC) will be submitted to the April Board of Directors meeting.

Estates Capital Programme

The capital programme is on budget and plan. Major works include the following:

- Paediatrics
Relocation of Paediatric services is now complete and ward is vacant. Enabling works have now commenced. Planning permission has now been obtained for this major refurbishment.
- Car Park
Work to enhance existing car parking facilities is due to commence shortly. Benefits include improved provision of disabled parking, a reduction in traffic

congestion surrounding the main x-ray areas, improved signage and a more flexible range of car parking charges.

6. Medical Issues

The Board has appointed the Medical Director in the role of the Responsible Officer to implement the new revalidation and reaccreditation framework. Interviews have been held to find a provider to support this process and appointment will be made within the next month.

7. Recommendation

The Board of Governors is requested to **NOTE** the content of this report.

Report to:	Board of Governors
Meeting date:	22 February 2011
Agenda item reference no:	06-11
Author:	Amanda Parker, Director of Nursing & Quality and Director of Infection Prevention and Control (DIPC)
Date of report:	14 February 2011

Infection prevention and control (update)

1. The Quarterly DIPC report for the period October to December 2010 is attached for information.
2. The Board of Governors is asked to **NOTE** the report.

INFECTION PREVENTION & CONTROL

Quarterly DIPC Report

October to December 2010

Mandatory Surveillance		
	New this quarter	Year to date (Target)
MRSA bacteraemia	2	2 (1)
GRE bacteraemia	0	0
<i>C.diff</i>	0	5 (4)

MRSA surveillance

MRSA Positive Patients: (Infected and Colonised)

Ward	Jubilee	RT	Rycroft	MD	Burns	EBAC	PAC	Peanut	OPD	MIU	DSU	Total
Total	3	3	0	2	1	1	5	0	5	2	1	23
Positive on admission	2	3		2		1	5		5	2	1	21
Previously positive												0
Hospital acquired	1				1							2
Unknown												0

Outbreaks of Infection

October –

C.diff positive – patient admitted to Burns 13.10.10, confirmed *C.diff* positive 14.10.10. Transfer from Swansea; arrived without reference to history of *C.diff* (July 10). Matron contacted IPACT at Swansea and letter sent from DIPC. Case does not count as QVH acquired.

MRSA bacteraemia: patient admitted to RT 17.09.10; previous MRSA positive June 09. RCA shows CVC in situ longer than policy states and further line also removed following positive result. Two lines both present for many hours leading to colonisation of second line. Required to be reported as SUI.

No outbreaks in November.

December - A period when many staff were off work with vomiting. IPACT unaware of any staff working whilst symptomatic. No patients affected.

MRSA bacteraemia, patient in Burns – admitted 8.12.10; aware of bacteraemia 23.12.10. Patient not previously known MRSA positive. Prompt line removal and replacement at new site following signs of sepsis. Treated as per microbiology advice. Reported as SUI and mandatorily reported to HPA.

Audit Results

October:

Hand Hygiene – areas on special measures – overall compliance improving but still not reaching target of 90% in all staff groups. Matrons meeting held 01.11.10 to devise hand hygiene action plan.

Saving Lives: on going.

Mini PEAT – areas visited in October: Maxfax and Rehab.

MRSA screening snapshot: 47 patients audited (36 in patients, 11 TCI) – 40 screened on or before admission (85% - or 89% currently on ward); of these 45% (34%) screened prior to admission and 55% (66%) on admission.

November:

Hand Hygiene – Trust wide audit in November – 96% trustwide compliance – doctors 93%, nurses 98%, other 98%. BBE – overall 97% compliance.

Saving Lives: on going – report for April-Sept – overall clinical compliance with the standards is excellent. However, documentation of clinical activities appears the main recommendation for improvement in practice. IPACT will emphasise the importance of completing the audit paperwork to the matrons/ward manager and link person.

Mini PEAT – areas visited in November: x-ray, out patients 1, bed store.

MRSA screening snapshot: on 29 November 95% of 42 current in patients had been screened for MRSA on or before admission. Earlier in the month 98% of 50 patients had been screened.

December:

Hand Hygiene – 5 areas on 3rd month of special measures audits. All but one results over 90%.

Saving Lives: on-going

Mini PEAT – areas visited in December: Maxfax lab; public toilets.

MRSA screening snapshot: on 9 December 94% of 48 patients had been screened, 44% prior to admission.

Annual sharps audit: took place in November. 19 areas visited, results improved from last year.

Recommendations include training no use of temporary closure, segregation of non-sharps waste, assembly of containers and label endorsements.

New or Updated Policies

Ratified at ICC and uploaded during the quarter:

- Management/screening of patients with MRSA
- Management of patients with *C.difficile* related diarrhoea
- Decontamination and Disinfection (cushion and mattress flow diagram update).
- Management of Outbreaks
- Antimicrobial Guidelines (Pharmacy)

Estates Issues

Burns treatment room (theatre) new ventilation system ordered.

Peanut / Burns rehab project - ongoing

Compliance

Ventilation in theatres (other than 1-4) – risk register item 110 (08.11.05) Action plan in place

Jubilee – infection control risk – risk register 421 – rated 8 – isolation strategy implemented.

Lack of hand wash basins – risk register item 422, rated 6 – portable sinks in situ until works complete.

Report to:	Board of Governors
Meeting date:	22 February 2011
Agenda item reference no:	07-11
Author:	Kathleen Dalby, Company Secretary and Head of Corporate Affairs
Date of report:	14 February 2011

Patient experience: Q2 and Q3 2010-11

1. At the last Board of Governors meeting the Corporate Affairs Team presented the Patient Experience report for quarter 1 and proposed to the Board of Governors that they receive this report as part of the regular papers.
2. The Board of Governors agreed the proposal and therefore the enclosed reports represent patient experience data and feedback from quarter 2 and 3 of the current financial year.
3. The Board is asked to **NOTE** the reports.

Patient experience quarterly report: Q2 (July to September) 2010/11

1. Overview

- 1.1. The following services and / or issues were common themes for patients and visitors to the trust during September, based on feedback from various sources including: main entrance volunteers, comment cards, PALS contacts, formal complaints and compliments, survey results and online feedback*.

What we are doing well	What we could improve further
1. Helpful, friendly staff	1. Pharmacy opening times
2. Cleanliness	2. Signage
3. Clinical care	3. Clinic waiting times

* Feedback is collated and considered carefully by the Corporate Affairs team to provide this overview of recurrent feedback themes. The range of information considered to inform the list is various and includes 'soft' feedback as well as harder data. The list is not compiled using formal statistical methods but is intended as a guide. Readers should also note that the most common themes listed may not represent large or statistically significant numbers of positive or negative feedback. Instead, the list is relative to the themes raised by patients and visitors during the time frame of the report.

2. Patient Advice and Liaison Service (PALS)

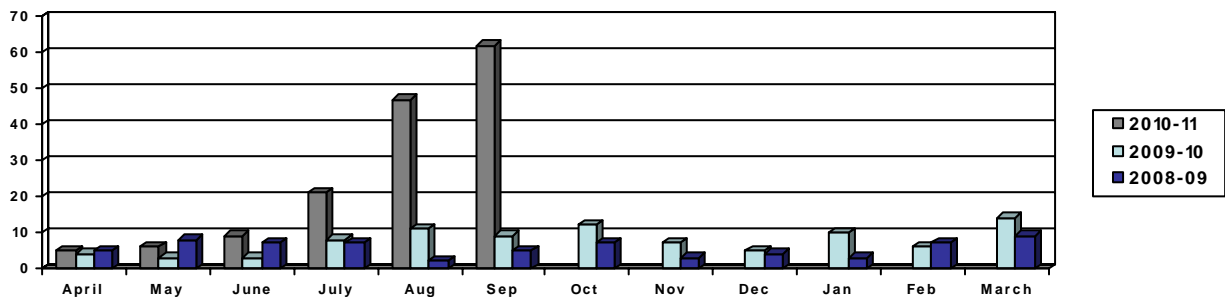
- 2.1. PALS provide patients with information about the NHS and help them with other health-related enquiries. The service helps to resolve concerns or problems while patients are using NHS services. PALS also provides information about the NHS complaints procedure and how to get independent help if a patient is considering making a complaint.
- 2.2. PALS received 128 enquiries during quarter 2. Eleven enquiries were initial complaints and one was referred to the formal complaints procedure at the time of contact.
- 2.3. The key themes of these enquiries are listed in the chart below and are taken from the QVH Datix database which is used to formally log and monitor PALS enquiries.

	Advice and information	Issue for resolution	Initial complaint	Total
Access to Queen Victoria services	2	2	2	6
Access to QVH information	10	0	0	10
Admin and clerical error	0	0	1	1
Aids & Appliances	0	1	0	1
Appointment - delayed	1	0	0	1
Attitude - medical staff	0	0	2	2
Attitude - nursing staff	0	0	1	1
Cancelled appointment	0	0	1	1
Choose & Book	0	1	0	1
Cleanliness	0	1	0	1
Clinical care - nursing	1	1	0	2
Waiting time in clinic	0	0	1	1

Clinical care - medical	16	0	2	18
Communication with patient	0	2	0	2
Unable to contact QVH	2	0	0	2
Diagnostics - delayed	1	0	0	1
Medicines	0	0	1	1
Inadequate information provided	0	1	0	1
QVH Literature	2	0	0	2
Health Records - access	2	1	0	3
Request for information	64	7	0	71
Transport	1	0	0	1
Totals:	102	17	11	130

* 'Issues for resolution' is used to describe enquiries which PALS help to clarify by talking with patients to work through their concerns, identify the nature of the problem and work out options to resolve it. Issues for resolution are most often resolved by listening, providing relevant information or by liaising with trust staff on behalf of the patient.

2.4. The following chart shows how PALS activity during quarters 1 and 2 of 2010/11 compares with activity during the two previous financial years.



3. Complaints

3.1. 24 formal complaints were received during quarter 2 of 2010/11.

3.2. The trust aims to respond to all formal complaints within 25 working days. Of the complaints received during quarter 2, 20 were responded to within 25 working days. 4 complaints still require responses but will be responded to within 25 working days. The remaining complaint will not meet this timeframe and an alternative timeline for the responses has been agreed in advance with the complainant.

3.3. Complaints received during the quarter included the following themes and issues:

- Discharge arrangements.
- Request to be referred for private treatment.
- Consent process and paperwork.
- Attitude of clinical and departmental staff.

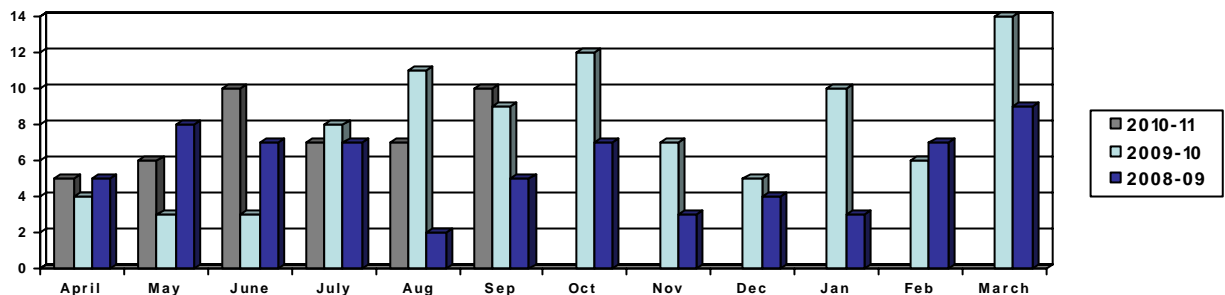
- Comments made by staff.
- Appropriate testing prior to surgery.
- Cancellation of surgery day before scheduled admission due to administration error.
- Car parking prices.
- Restaurant prices.
- Standards of nursing care.
- Outcome of clinical treatment.

3.4. 24 formal complaints were closed during quarter 2. Of these, the following are example of actions taken by the trust as a result of the investigations.

- Junior clinicians have been advised by clinical leads of the procedures that will be funded by PCT's and to only accept referrals for which funding is available.
- Junior clinicians have been advised by clinical leads that any patient who has sustained an animal or human bite should be immediately transferred to QVH for treatment.
- Corneoplastics clinicians to indicate, prior to booking of patients' appointments, whether the patient will need more than a 15 minute appointment slot.

3.5. If a complainant remains unhappy with the outcome of the Trust's investigation, they can ask the Parliamentary and Health Service Ombudsman to investigate. During quarter 2, one complainant submitted their case to the Ombudsman. This case is being reviewed.

3.6. The following chart shows how complaints activity during quarters 1 and 2 of 2010/11 compares with activity during the two previous financial years.



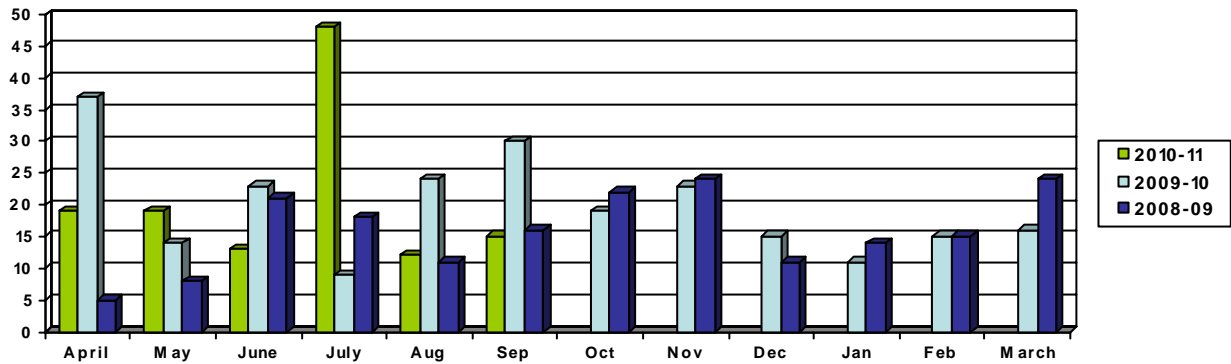
4. Compliments

4.1. 75 formal letters / e-mails / online comments of appreciation were forwarded to the PALS and Complaints Manager during quarter 2. Feedback included:

- Comment on canteen questionnaire *“they are fantastic, always polite and always go that extra mile to make customers feel happy.”*
- *'sincere thanks to medical team, they were so calm and reassuring'*

- *'Thank you all who were involved in my procedure last Friday. You almost made it fun for me!'*

4.2. The following chart shows how compliments received during quarters 1 and 2 of 2010/11 compare with those received during the two previous financial years.



5. Legal

- 5.1. One new litigation case was received by the trust during quarter 2 2010/11 and, overall, there were 23 open cases. The new case claims that a patient was caused unnecessary scaring following treatment at QVH.
- 5.2. A trial was held in late September 2010 at the Central London County Court relating to a claim where it was alleged that the Claimant suffered a neurological injury to her arm during the course of a procedure. Two of our clinicians gave evidence on behalf of the trust. During the course of second clinicians evidence the Claimant was advised by her barrister to discontinue the case and judgement was made in favour of the trust. The case was funded by the NHS Litigation Authority.
- 5.3. An inquest into the death a QVH patient who died in 2008 is scheduled to be heard in February 2011.

6. Patient experience feedback

6.1. Surveys

6.1.1 Outpatient surveys

A new outpatient survey has been designed by the Outpatient Matron, Governor Representative and Engagement Coordinator and implemented by governors. To date the survey has been conducted with eye clinic patients and patients waiting for their appointments in Outpatients 1 & 2 and the X-ray department as well as patients and visitors in the Hurricane Café.

This will be a rolling programme and the governors aim to capture responses from all the different outpatient clinics, including those held at spoke sites. As part of our CQUIN target with the PCT the eye clinic will be surveyed every month.

6.1.2 Ward exit surveys

130 ward exit surveys were completed during this quarter, giving excellent results.

100% of the 120 patients who answered the question would recommend QVH to friends and family. 88% of patients scored QVH 5 out of 5, 10% scored 4 out of 5 and the remaining 2% scored 3 out of 5. 63 patients chose to add additional comments which are included in the general comments analysis below.

The questionnaire asks patients about the information they have been provided with. During this quarter, 21 patients stated they had not received an information leaflet regarding their condition or treatment. This data will be reviewed by the Patient Information Group to see if information can be improved in these cases.

6.1.3 National surveys

The next national survey will be an inpatient survey. The Picker Institute has been given a sample of patients who were inpatients during May, June and July and the survey is underway. The results will be available early in the New Year.

6.2 **Other data**

6.2.1 General comments analysis

87 verbatim comments were recorded on the Comments Analysis Database in this quarter. As one comment may include both positive and negative feedback about several aspects of the hospital, each comment is assigned to the relative categories (listed below). This gave 117 positive (☺) and 21 less positive (☹) comments as follows:

	☺	☹		☺	☹
General remarks	11	0	Friends/family	1	0
Before appointment	0	1	Other pts visitors	0	0
Waiting time	0	0	Cleanliness/Hygiene	3	0
Staff	62	2	Environment/facilities	3	5
Communication	4	2	Parking	0	2
Care & Treatment	25	0	Food	1	4
Ops/procedures	2	1	Discharge	0	1
Medication/tests	0	1	Other	2	0
Organisation/efficiency	3	2			

6.2.2 Patient & visitor feedback

As part of our commitment to ensure all visitors to the Trust are given the opportunity to provide feedback about the hospital and the services we provide, new comment cards, feedback posters and leaflets have been distributed around the site, along with four additional comment boxes.

All comments will be recorded in the Comments Analysis database and will be reported along with feedback received via the ward/outpatient surveys, online and general feedback through staff and the main entrance volunteers.

6.2.3 Governor tours

Governor tours were carried out in July, August and September. Escorted by the Director of Nursing and Quality or relevant Matron, governors visited the burns centre (following on from the Healthcare Commission Report), maxillofacial and orthodontics department, Canadian Wing & Peanut Ward. Most areas scored highly, however, governors noted the cramped staff facilities and condition of the fabric in Peanut Ward.

6.2.4 Patient experience action plan

The rolling action plan continues to evolve and make progress. The next version will be presented to the Board of Directors in January as part of a quarterly schedule of progress update reports.

Claire Charman
Engagement Coordinator

Kathleen Dalby
Head of Corporate Affairs

Nicolle Tadman
PALS & Complaints Manager

Patient experience quarterly report: Q3 (October to December) 2010/11

1. Overview

1.1. The usual overview section of the patient experience monthly report has been removed for this quarter pending further discussion of its development.

2. Patient Advice and Liaison Service (PALS)

2.1. PALS provide patients with information about the NHS and help them with other health-related enquiries. The service helps to resolve concerns or problems while patients are using NHS services. PALS also provide information about the NHS complaints procedure and how to get independent help if a patient is considering making a complaint.

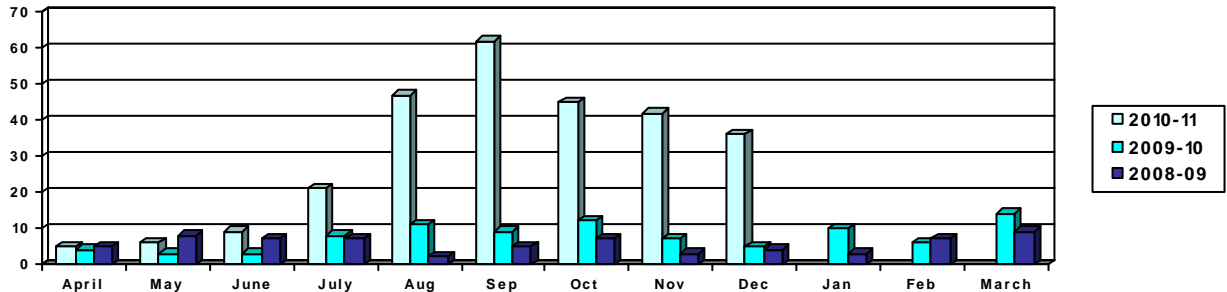
2.2. PALS received 123 enquiries during quarter 3. Fifteen enquiries were initial complaints and two were referred to the formal complaints procedure at the time of contact.

2.3. The key themes of these enquiries are listed in the chart below and are taken from the QVH Datix database which is used to formally log and monitor PALS enquiries.

	Advice and information	Issue for resolution	Initial complaint	Total
Access to internal services	17	0	0	17
Access to Queen Victoria services	9	3	2	14
Access to QVH information	2	0	0	2
Admission delayed	0	1	0	1
Appointment - delayed	1	1	1	3
Attitude – non-medical staff	0	0	1	1
Attitude - medical staff	0	0	1	1
Cancelled appointment	1	1	0	2
Clinical care – medical	26	2	7	35
Clinical care - nursing	0	1	0	1
Communication with patient	0	0	1	1
Communicating results	1	1	0	2
Choice of provider	2	0	0	2
Unable to contact QVH	0	2	0	2
Parking	0	1	0	1
Inadequate information provided	0	0	1	1
Health Records - access	4	0	0	4
Request for information	29	1	0	30
Transport	2	0	1	3
Totals:	94	14	15	123

* 'Issues for resolution' is used to describe enquiries which PALS help to clarify by talking with patients to work through their concerns, identify the nature of the problem and work out options to resolve it. Issues for resolution are most often resolved by listening, providing relevant information or by liaising with trust staff on behalf of the patient.

2.4. The following chart shows how PALS activity to date compares with activity during the two previous financial years.



3. Complaints

3.1. 21 formal complaints were received during quarter 3 of 2010/11.

3.2. The trust aims to respond to all formal complaints within 25 working days. Of the complaints received during quarter 3, 10 were responded to within 25 working days. 3 complaints did not meet this timeframe and an alternative timeline for the responses was agreed in advance with the complainant. 7 complaints still require responses but will be responded to within 25 working days. And we are awaiting the patients consent prior to responding to the remaining complaint.

3.3. Complaints received during the quarter included the following themes and issues:

- PCT funding.
- Outcome of surgery.
- Concerns about sabbatical arrangements for clinician.
- Concerns about trauma referral procedures.
- Differing advice given by clinicians.
- Refusal to reimburse patients travelling costs.
- Attitude of clinician.
- Concerns about clinical diagnosis.
- Treatment provided and type of anaesthetic administered.
- Lack of communication given to patient prior to examination.
- Lack of communication following referral.

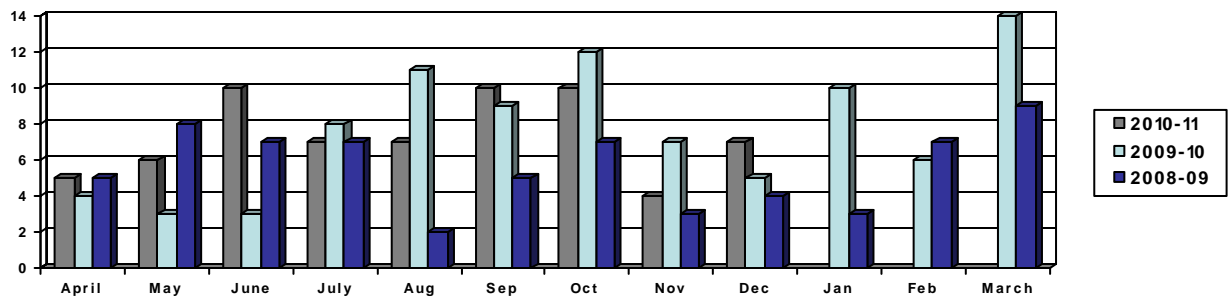
3.4. 22 formal complaints were closed during quarter 3. Of these, the following are examples of actions taken by the trust as a result of the investigations.

- No dressings given to patient upon discharge into the care of district nurses. It was reiterated to the nursing staff by the Ward Manager and Matron at ward meeting in October 2010 that adequate dressings and information should always be given to patients on discharge.

- Elderly patients undergoing eye surgery within the Day Surgical Unit are to be placed, where possible, at the top of the theatre list to prevent excessive waiting and to avoid delayed fluid and food intake.
- Improvements to communication regarding trauma referrals implemented. All trauma referrals made to the hospital should initially be put through to the Trauma Co-ordinator. In addition Trauma Co-ordinators must escalate referrals of an unusual nature to senior medical staff.

3.5. If a complainant remains unhappy with the outcome of the Trust's investigation, they can ask the Parliamentary and Health Service Ombudsman to investigate. During quarter 3, no QVH cases were referred to the Ombudsman. Of the three cases that were already under review, the Ombudsman has made recommendations on one and will not investigate the other two as it was felt that the trust had already fully investigated the case.

3.6. The following chart shows how complaints activity to date compares with activity during the two previous financial years.



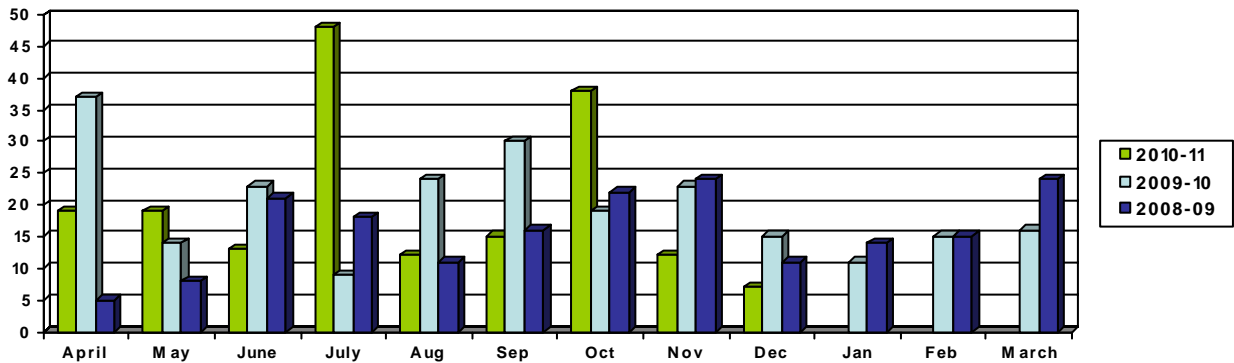
4. Compliments

4.1. 47 formal letters / e-mails / online comments (submitted to the NHS Choices national website) of appreciation were forwarded to the PALS and Complaints Manager during quarter 3. Feedback included:

- *'Thank you for heading a hospital that cares not only for the patients but for the relatives.'*
- *'I understand how overwhelming and stressful it can be working a Friday afternoon on call and it is refreshing to speak to a doctor who is calm, helpful and able to offer sensitive advise and follow-up.'* (Local GP)
- *'Please give my thanks and regards to all who know me at the hospital; I have a lot to thank all for over the last 20 years.'*

We believe that this represents only a fraction of the compliments received across the trust. All staff have been reminded to copy compliments to the PALS & Complaints Manager for logging and formal acknowledgment.

- 4.2. The following chart shows how compliments received during quarters 3 of 2010/11 compare with those received during the two previous financial years.



5. Legal

- 5.1. 4 new litigation cases were received by the trust to date and, overall, there were 26 open cases. The new cases relate to orthodontic treatment, dental treatment, maxillofacial consent issue/lack of health records and the other only intimates that litigation is intended, no specific details have been given.
- 5.2. An inquest into the death a QVH patient who died in 2008 is to be held. The Inquest has been booked for two weeks commencing 7 February 2011 through to 18 February 2011. Seven members of QVH staff have been called to give evidence.

6. Patient experience feedback

6.1. Surveys

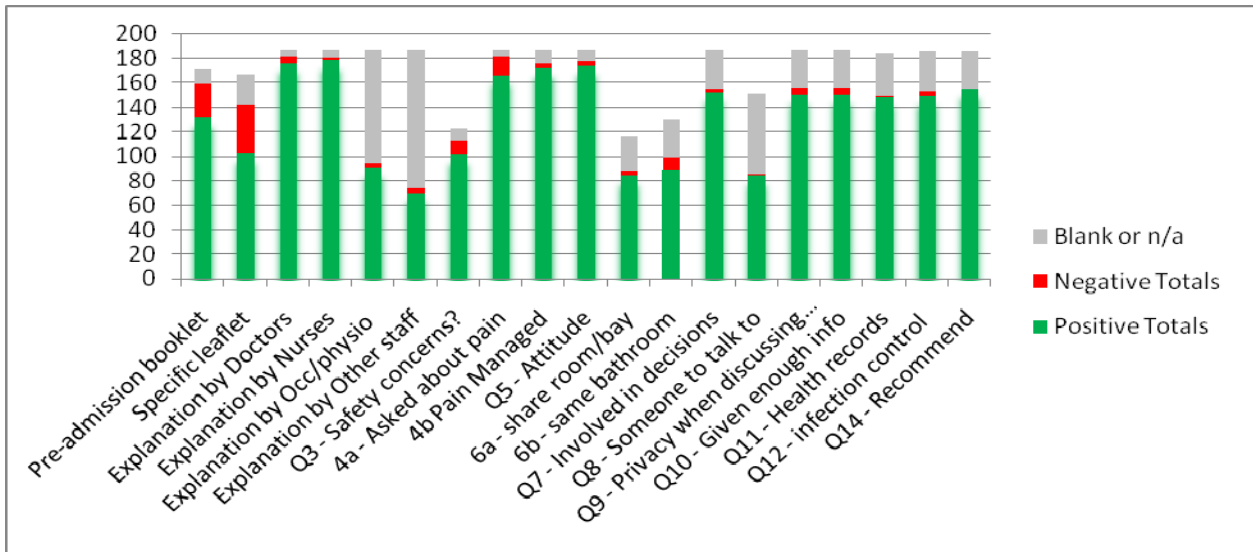
6.1.1 Outpatient surveys

Regular monthly visits by volunteers from the Board of Governors has continued. Data will be analysed in the New Year ready to be reported to the PCT as part of our CQUIN reports. 30 verbatim comments were made and included in the analysis in 6.2.

6.1.2 Ward exit surveys

130 ward exit surveys were completed during this quarter, giving excellent results.

The chart below shows the range of questions and the patients' reply. In some cases the questions may not be applicable or may be left blank (please note that in December there were a number of forms printed on one side only and therefore missing questions 6-14). Areas in red indicate a negative response to the question.



100% of the 155 patients who answered the question would recommend QVH to friends and family. 83% of patients scored QVH 5/5, 15% scored 4/5, 1% 3/5 and one patient gave 1/5. 70 patients chose to add additional comments which are included in the general comments analysis below.

6.1.3 National surveys

In December the Trust received the pre-publication report from the 2010 National Cancer Patient Experience Survey. 66 QVH patients took part in the survey, predominately with head and neck or skin cancer. The report has been circulated to the lead clinicians and clinical nurse specialists and any actions identified will be included within the next review of the trust wide patient experience action plan.

6.2 **Other data**

6.2.1 General comments analysis

133 verbatim comments were recorded in this quarter and assigned to the relative categories (listed below). This gave 165 positive (☺) and 71 less positive (☹) comments as follows:

	☺	☹		☺	☹
General remarks	33	0	Organisation/efficiency	3	4
Before appointment	2	3	Friends/family	1	0
Waiting time	0	13	Other pts visitors	0	0
Staff	69	2	Cleanliness/Hygiene	9	9
Communication	7	4	Environment/facilities	3	8
Care & Treatment	25	2	Parking	1	7
Ops/procedures	2	0	Food	4	7
Medication/tests	1	3	Discharge	0	1
Safety	2	6	Other	1	2

6.2.2 Governor tours

Governor tours were carried out in the Pre-assessment Clinic, Admissions Lounge, Main Corridor and Theatres. Overall the Governors found most areas to be adequate and clean. However, it was noted that the wayfinding lines in the main corridor are worn and some of the signage could be improved.

6.2.3 Patient experience action plan

The Action Plan continues to evolve and this quarter has seen the addition of a further priority for the Trust to review the appointment letters. Led by the appointments team-leader, the project aims to simplify and streamline the letters sent out by the Trust with the intention of incorporating appointment letters sent by the Maxillofacial Dept and the Corneo Plastic Unit. The Appointments and PAS teams are working closely together in order to make the changes to the text and also improve the letters visually.

Corporate Affairs Team – January 2011

Report to:	Board of Governors
Meeting date:	22 February 2011
Agenda item reference no:	09-11
Author:	Bernard Atkinson, Public Governor and Vice-Chairman of the Board of Governors
Date of report:	14 February 2011

Report from the Vice-Chairman of the Board of Governors

1. Past and Future Governor Trajectory

- 1.1. It appears that in the coming months, consequent upon the review of NHS arrangements by the Coalition Government, the FT concept will be endorsed together with the general governance arrangements - albeit with some significant adjustments. It is anticipated that the Monitor name will be retained but by 2013 it will become the 'economic regulator' for the whole health system. At the same time governing bodies will assume some of the responsibilities currently carried out by Monitor as regulator of FTs only.
- 1.2. Against this background the GSG took the view that it was timely to review the way QVH governors had over the years interpreted their dual statutory requirement 'to hold to account and challenge' and also to summarise the procedures that had been put in place to execute these responsibilities as well as indicating their stage of development. It was also the view that such a review might be beneficial to future generations of governors as they continued to develop the QVH governance system.
- 1.3. To this end it is intended to hold a Governors' Forum during the first half of May. As presently conceived the Forum will be addressed by the QVH Chairman, who from his position as Chairman of the Foundation Trust Network (FTN), will provide an insight as to how matters are developing at the 'centre' regarding future governor responsibilities. This will be followed by a GSG presentation covering the evolution of the QVH governor governance trajectory and its effectiveness over the past seven years. In bringing these two elements together through discussion it is hoped to provide an initial platform for the new governor cohort in July, ie a form of responsibly 'passing the baton'.

2. Governor suggestions towards the Annual Plan 11/12

- 2.1. The governor suggestions were forwarded to the Director of Finance on schedule and the intention is that they will be subject to a dialogue between the DoF and the VC. Subsequently the suggestions will be considered for inclusion in the AP by the Chief Executive, who will report the outcomes to a future meeting of the BofG.

3. Constitution

- 3.1. The fine tuning and approval of the new Constitution is now scheduled for the April BofG, having first been presented to the BoD by the VC at its March meeting. This small delay has been occasioned by the re-arrangement of the work consequent upon the Company Secretary's imminent maternity leave.

4. New Governors

- 4.1. All governors have been asked to suggest the names and addresses of 'community leaders' such as Golf Club Chairman and Captains, Rotary Club Chairman, Scout and Guide Leaders etc. A number of such individuals have been identified through this process and a letter is being sent to each. The objective is to extol the importance of the governor role at QVH and to

generate interest in the hospital. Each recipient is being requested to raise the possibilities of members of their peer group considering putting themselves forward at the governor elections either this year or at some time in the future.

5. Ethos and Reputation

- 5.1. Shirley Mitchell holds the GSG portfolio on Ethos and Reputation and has held discussions on the topic with the Head of Human Resources who has been carrying out a survey on the matter at the request of the Chief Executive. From a governor perspective the core challenge is in ensuring extensive governor/staff interaction, thus ensuring that governors are well informed on all staff activities, are very visible, and most importantly relate to the whole hospital not just the most obvious or understandable. .
- 5.2. Presently Shirley is carrying out an audit to establish the 'coverage' achieved by present governor activities such as hospital visits, participation in mini-PEAT inspections etc., as a guide to future approaches.

6. Governor Learning and Training

- 6.1. Gill Baxter holds the GSG portfolio on the Induction and Mentoring of new governors and the natural extension of this to the 'continuous' development of all governors. The work presently in progress concerns the latter and involves the identification of 'courses' offered to QVH staff upon which governors, who expressed an interest, could 'piggy-back'. This could involve being on a waiting list for a last minute vacancy, so that there would be minimal cost to the training centre budget.

7. Spokes

- 7.1. It is pleasing to report that at last governors have achieved a visit to a spoke. In late January John Bowers and Len Barlow, as members of the governor Membership Task Force, visited Medway DGH to observe QVH activity, to explore membership recruitment possibilities in the area, and to inform governors generally. John will be reporting on the visit in the Governors Monthly Update for February.

8. Governors Monthly Update

- 8.1. The GMU has now been in existence for some time. The core content each month concerns the GSG notes, a report from the GR, and a report on the GSG discussions with the Chief Executive or other member of the senior management team. Claire Charman also uses the GMU to appraise governors of events and dates. Additionally the GMU contains reports by individual governors on their activities on behalf of the governors as a whole and the forthcoming report on the visit to Medway provides an example.
- 8.2. Many governors participate in hospital activities/committees and it would be very helpful if, when such governors feel that there are matters to be brought to the attention of all governors, they could prepare a brief note and send it to Claire for inclusion in a forthcoming issue. Also from time to time a brief report on the general approach/raison d'être of the activity/ committee in which they participate would be of considerable interest.

9. Recommendation

- 9.1. The Board of Governors is asked to **NOTE** the contents of this report.

Report to:	Board of Governors
Meeting date:	22 February 2011
Agenda item reference no:	10-11
Author:	Ian Stewart, Public Governor and Governor Representative
Date of report:	14 February 2011

Report from the Governor Representative

1. Board of Directors

- 1.1. Through the Governors Monthly Update I have kept governors informed of the individual Board of Director meetings since the last Board of Governors meeting. I will take this opportunity to comment on the main problem which now faces us.

2. The Changing Market Within the NHS

- 2.1. I mentioned this briefly in the last GMU. You will be aware that the NHS as a whole is expected to find some £20 billion in savings. QVH has undertaken a successful restructuring exercise which has enabled it to make savings that contribute to this overall objective. The executive management is constantly reviewing the processes and procedures we operate to ensure that they give the patients the best experience and are as effective and efficient as possible. In this way, the Trust is enabled to do more for less – the significantly increased efficiency and throughput of the operating theatres is testament to these initiatives.
- 2.2. Unfortunately there is a large cloud looming and that is the approach being taken by the PCTs. They are under a similar requirement to identify savings but seem to be approaching it in an entirely different way. The majority of the PCTs seem to have run into financial difficulties for the current financial year. Accordingly they are trying to initiate a number of strategies which either reduce the number of patients treated or push any treatment into the next financial year (not, in itself, an answer to the problem). There are proposals to delay or stop treating patients who smoke and there is talk of doing something similar for those patients who are obese. There are blanket bans being placed on certain procedures and extra preauthorisation on many other procedures. PCTs have told providers that the pipeline of work should be managed so that every patient diagnosed after the 1st January is not treated until at least the 14th week ie. after 1st April. These restrictions have been announced with very short notice and in some cases involve retrospective application.
- 2.3. Many of the actions being suggested are against national policy and patients' rights and in many instances break the requirement to consult on any changes to service. QVH along with other providers has rejected the proposals and is trying to engage the PCTs in meaningful discussion. In the meantime the management is maintaining a constant battle with the PCTs in getting payment for the treatment which has been undertaken at QVH. Our cash position is under constant pressure due to the debts owed but not paid by the PCTs. This is a situation which is likely to continue through to the year end and will be present with us for the foreseeable future.
- 2.4. As an end service provider QVH is very much at the mercy of the commissioners if they are going to act in an aberrant manner. The executive management is doing all it can to ensure that any changes do not impact on QVH in such a way that our viability is compromised. As governors we need to be alive to any evidence we see in the general local health environment of unacceptable practices. In the past governors

have flagged up examples of where patients have been diverted away from QVH and instances like this need to be highlighted so that we can at least argue the case for treatment at QVH.

- 2.5. The next two or three years, during which the PCTs will be replaced by GP commissioning bodies, is going to be a difficult period for all providers not least QVH. The Trust is going to have to work harder to “sell” its services and prove that its particular mix of skills, procedures and treatments are best value for the patients. As governors we have an important part to play in this.

3. Patient surveys

- 3.1. There have now been six days on which governors have surveyed outpatients within QVH over the last six months. In total we have 219 responses with still more trickling in. Christian Peterson has kindly worked hard to produce a database on which the data is stored and from which we can produce reports. The main message to be drawn from the data is that the vast majority of patients are very pleased with the treatment they get and, in particular, with the quality and overall friendliness and professionalism of the staff. There are some obvious matters which require attention such as how we communicate with patients over waiting times. The data is starting to be incorporated into the regular reports being given to the Board and other committees. As I hone my database reporting skills I will be able to give you a more detailed analysis of the fruits of our labours!

4. Recommendation

- 4.1. The Board of Governors is asked to **NOTE** the contents of this report.

Report to: Board of Governors
Meeting date: 22 February 2011
Agenda item reference no: 12-11
Author: Kathleen Dalby, Company Secretary and Head of Corporate Affairs
Date of report: 14 February 2011

Public and staff governor elections 2011 (update)

1. On 30 June 2011, QVH will complete its seventh year as a foundation trust. Under the terms of the present constitution of the trust, governors may serve for a maximum of 7 years. 6 public governors¹ and 1 stakeholder governor² will reach this milestone on 30 June 2011 when they will stand down. Another 8 public governors³ and 2 staff governors⁴ will reach the end of their current term of office on the same date but will be eligible to stand for re-election if they wish.
2. At the last public meeting of the Board of Governors, the board agreed to a series of activities, to be lead by the Corporate Affairs team with support from governors, to encourage, coach and support those members who have expressed an interest in standing for election and to achieve a range of nominations sufficient to trigger a full membership ballot.
3. Progress against these activities is as follows:
 - 3.1. The winter edition of QVH news (the trust's bi-annual newsletter for foundation trust members and the general public) was issued in December and included a prominent double-page spread focusing on the role of governors, the importance of the 2011 elections and the nomination and election process. It included an open invitation to trust members and members of the general public to register to attend an open event to learn more about the role of governors and the nomination and election process.
 - 3.2. All 120+ members who have already expressed an interest in standing for election received an email or letter from the Company Secretary inviting them to attend one of the open events for potential candidates. The Engagement Coordinator has issued several reminders and liaised directly with interested individuals.
 - 3.3. The first open event was held on 17 January and was attended by 5 interested candidates who heard a series of short presentations from the Chairman, Director of Finance and Commerce, Company Secretary, Vice-Chairman of the Board of Governors and Engagement Coordinator. Each attendee also received a pack of information for further reading including publications by QVH, Monitor and the Foundation Trust Governors Association. The event was also attended by several existing governors who provided a personal perspective on the role and their experiences. Our sincere thanks to those governors who did this and those who have signed up to do so at the remaining events.

¹ Bernard Atkinson; Len Barlow; Stuart Barnett; Bill Hatton; Caroline Hitchcock and Shirley Mitchell.

² Chris Rolley, East Grinstead Town Council.

³ Gill Baxter; John Bowers; Peter Dingemans; Adrian Fuchs; Peter Harper; Sue Hull; Valerie King and Ian Stewart.

⁴ Mabel Cunningham and Carol Lehan.

- 3.4. The second open event will take place in the evening of Tuesday 22 February, following the public meeting of the Board of Governors, and the third at 09:00 on Thursday 10 March in the Maud Barclay Room on the hospital site. At the time of writing 10 prospective candidates are due to attend the February event and another 4 are due to attend in March.
- 3.5. Attendees at all of the events will be contacted later in March to gauge their continued interest and, if applicable, offer them the opportunity to be assigned to 'buddy' governor who can be available to offer additional information, advice and support through the nomination process. This offer will also be made available to those candidates we are aware of who were unable to attend an open event. These individuals have also been sent an information pack by post.
- 3.6. Finally, the Vice-Chairman of the Board of Governors has written to the Chairs of local Rotary Clubs to generally promote membership of the trust and to highlight the forthcoming nomination and election process.
4. In preparation for the elections, an independent election scrutineer has been appointed following a process inviting competitive quotes from a small range of providers, in line with the trust's procurement policies and Standing Financial Instructions.
5. The outline timetable for the nomination and election process will be as follows:

Milestone	Deadline
Notice of Election published and nomination forms made available.	Friday 1 April 2011
Deadline for receipt of nominations.	Friday 15 April 2011
Summary of nominated candidates published (subject to validation).	Monday 18 April 2011
Final date for candidate withdrawal.	Thursday 21 April 2011
Notice of Poll published.	Friday 6 May 2011
Voting packs dispatched to members.	Monday 9 May 2011
Closing date for election.	Friday 27 May 2011
Election results available.	Tuesday 31 May 2011

6. The Board of Governors is asked to **NOTE** the contents of this report.

Report to: Board of Governors
Meeting date: 22 February 2011
Agenda item reference no: 13-11
Author: Kathleen Dalby, Head of Corporate Affairs and Company Secretary
Date of report: 14 February 2011

Foundation Trust membership

1. Membership numbers

- 1.1. Public membership is broadly stable at 10,353 compared to 10,550 at the time of the last meeting of the Board of Governors on 12 October 2010. Numbers have dropped following circulation of the latest edition of QVH News in December and are mostly due to member deaths and members who have moved address and cannot be located.
- 1.2. Staff membership stands at 812 compared to the trust headcount of 903 (as at mid-January 2011).

2. Membership profile

- 2.1. The table below summarises the current profile of public membership. Changes since the last report to the Board of Governors are minimal in all cases.

Age	Public members		Movement*	Population comparison**	
	No.	%		No.	%
0-16 [not eligible]	0	0	⇔	574,166	15.1
17-21 [eligible aged 18+]	28	0.3	↓	732,813	12
22+	4,035	39	↓	3,647,011	59.6
Not stated	6,290	60.7	↓	n/a	n/a
Gender	No.	%		No.	%
Male	4,326	41.8	⇔	2,094,370	48.5
Female	5,090	49.2	↓	2,219,610	51.5
Not stated	937	9	↑	n/a	n/a
Ethnicity	No.	%		No.	%
White categories	2,511	24.3	↑	3,972,750	96.2
Mixed categories	10	0.1	⇔	41,374	1
Asian categories	30	0.3	⇔	69,232	1.7
Black categories	14	0.1	⇔	18,074	0.4
Other categories	12	0.1	⇔	29,915	0.7
Not stated	7,776	75.1	↓	n/a	n/a
Socio-economic group	No.	%		No.	%
ABC1	6,595	63.7	⇔	1,570,730	62
C2	1,733	16.7	⇔	434,006	17.1
D	1,584	15.3	⇔	421,888	16.6
E	441	4.3	⇔	108,416	4.3

* Since the last report to the Board of Governors, October 2010

** Population figures as supplied by Membership Engagement Services

- 2.2. The data continues to demonstrate that the trust's membership base is broadly consistent with the population of Kent, Surrey and Sussex in gender and socio-economic categories but appears to be less consistent in age and ethnicity categories.

However, the majority of QVH members decline to state their age or ethnicity.

- 2.3. Following a query raised at the last meeting of the Board of Governors, the table below shows the socio-economic profile of the QVH membership base using ACORN ('A Classification Of Residential Neighbourhoods'), rather than the Office of National Statistics, categories. ACORN is a 'geodemographic' (combining geographical and demographics analysis) classification of British social classes and is usually used to measure and target consumers and characteristics. The demographic profile is based on the 2001 census (which provides about 30% of the data) and ongoing research covering the UK's 46 million adults and 23 million households.

Socio-economic group	No.	%	No.	%
Wealthy achievers	5,157	49.8	1,378,815	40
Urban prosperity	456	4.4	444,187	10.3
Comfortably off	3,194	30.9	1,424,171	33
Moderate means	778	7.5	544,600	12.6
Hard pressed	710	6.9	483,843	11.2
Not available	58	0.6	38,364	0.9

- 2.4. Again, the data shows broad consistency with the population of Kent, Surrey and Sussex though there is the potential to increase membership among both 'moderate means' and 'hard pressed' households in the region. Potential to re-balance the membership in the 'wealthy achievers' and 'urban prosperity' categories is likely to be more difficult to achieve since the categories are close in definition.
- 2.5. As Monitor continues to encourage FTs to focus on the quality of engagement with members rather than member figures, QVH is not actively promoting membership on a large scale. Instead, we aim to maintain our membership figures at 10,000+ and are promoting member engagement with the forthcoming election process. In addition, we aim to continue to improve the content and balance of the trust newsletter *QVH News*.

3. Membership data and management

- 3.1. The Corporate Affairs team continue to find the membership database service provided by Membership Engagement Services (MES) a significant improvement on the previous service in terms of both function and value for money. Since the data revalidation exercise was completed, Claire Charman has begun to make more use of the wide-range of additional functions that the MES database offers us.

4. Membership communications

- 4.1. Since the last public meeting of the Board of Governors, the winter edition of QVH news (the trust's bi-annual newsletter for foundation trust members and the general public) has been issued by email to all members for whom we have been provided with an email address and a single copy posted to each remaining membership household.
- 4.2. Full details of the open events for prospective governors are provided under item 12-11 of the agenda.

5. Membership taskforce

- 5.1. The Board of Governors' Membership Taskforce has not met since the last meeting of the Board but has continued to look into opportunities for member recruitment at QVH

spoke sites.

6. Recommendation

6.1. The Board of Governors is asked to **NOTE** the contents of this report.